

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

U. S. Application No. 10/524049 Charitta Burt, Paralegal  
Publication Date 2/19-04  
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Copy of ISR GP, Copy of IPER  
Assignee information:  
Priority Info: Country GB No. 0218472.9 date 8.8.02 MORE (turn over)  
Correspondence checked: 23/1/7  
Inventor Name checked: F \_\_\_\_\_ L \_\_\_\_\_  
Inventor Residence city: Bristol, state and/or country GB citizenship GB  
International Application No. PCT GB2003/003487 Language EN  
Copy of ISR: \_\_\_\_\_  
Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_  
371 Filing Fees: \_\_\_\_\_; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_  
Total Claims: 28 Chargeable 28 Independent 2 multiple 16  
Number of drawing Sheets: 4 Foreign language: \_\_\_\_\_  
Oath/Declaration: ☒; signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 10.18.05  
Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_  
Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_  
References \_\_\_\_\_  
Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_  
Preliminary Amendment(s): ☒ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: ☒ DATE: 2.8.05 2<sup>nd</sup> ☒ DATE: 3.10.05, 3.24.05  
Request for Immediate Examination: ☒  
Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_  
Assignment: ☒ forwarded to Assignment branch date: 8.17.05  
Priority Document(s): ☒ date 2.8.05; Number of copies included \_\_\_\_\_  
Power of Attorney: \_\_\_\_\_  
Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Date of 35 USC Receipt of Request: 2.8.05 Notes: \_\_\_\_\_  
Date Completion USC 371 Requirements: 10.18.05  
Notice of Missing Requirements: 8.17.05  
Notice of Defective Response: \_\_\_\_\_  
Notice of Acceptance: 2.22.05  
Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_  
Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_